

West Virginia Department of Transportation

Division of Motor Vehicles

Insurance Related Vehicle Information Request



A.) Requestor Information • Complete all requested information on the front and back of this form

Name _____ Daytime Phone No. _____

Address _____
STREET ADDRESS CITY STATE ZIP CODE

B.) Affidavit of Intended Use • Please check all sections that apply

- ☐ 1. For use by any government agency, including court, or law enforcement agency in carrying out it's functions, or any private person or entity acting on behalf of a Federal, State, or local agency carrying out it's functions. **The agency making the request must submit assigned letter, on letterhead, explaining why this information is needed.**
- ☐ 2. For use in connection with a civil, criminal, administrative, or arbitral proceeding in any Court or Governmental agency or before a self-regulatory body, including the service process, the execution or enforcement of judgements and orders, or pursuant to any order of a Federal, State, or Local Court. **All requests must include the court docket number.**
- ☐ 3. For use by an insurer or insurance support organization, or by a self-insured entity, or it's agents, employees or contractors in connection with claim investigation activities, anti-fraud activities, rating, or underwriting. **All requests must be accompanied by a signed letter, on business letterhead, explaining why the information is needed.**
- ☐ 4. For use by any licensed private investigator agency or licensed security service for any purpose permitted by Uniform Motor Vehicle Records Disclosure Act §17A-2A-7. **All requests must be accompanied by a signed letter, on business letterhead, from the employer listing a court docket number, insurance claim number, or explanation for the request from the government agency employing the service.**
- ☐ 5. For use in in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:
A.) For the purpose of verifying the accuracy or personal information submitted by the individual to the business agents, employees, or contractors; and
B.) If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual
C.) This request must be accompanied by a signed letter, on business letterhead, explaining why this information os needed.

C.) Vehicle Details • For additional vehicle requests see reverse side.

Year _____ Make _____ Plate _____

VIN _____

Name _____

Address _____

D.) Requestor Signature

I hereby certify that _____ will use the vehicle information requested pursuant to Section §17A-2A-1 et seq. of the West Virginia Code, for the purpose checked on side one, section C only and for no other reason. I/we state that I/we have read and signed this form after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to penalties which shall include punishment or a fine not exceeding \$500 or a term of imprisonment not more than six months, or both.

A copy of a driver's license or state issued photo ID MUST be attached. No information will be given without a state issued photo ID. A copy of your request may be forwarded to the record holder.

(X)

SIGNATURE OF REQUESTOR

DATE

Mail this completed request with the complete vehicle information, a legitimate reason for the request, and enclose a \$1.00 non-refundable research fee via check or money order to:

**DMV Insurance Unit
PO Box 17020
Charleston, WV 25317**

Phone (304) 926-3802 Fax (304) 926-3899

You may request information on as many additional vehicles as you need to, however each request requires an additional \$1.00 research fee. This fee is non-refundable and must be submitted with this request.

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____

Additional Vehicle Details

VIN _____ Year _____ Make _____
Plate _____ Name _____
Address _____